## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am 🖁 P00000090917 DOCUMENT # **Secretary of State** 1. Entity Name 03-24-2002 90068 013 \*\*\*150.00 CORNERSTONE INVESTMENT TEAM, INC. Principal Place of Business Mailing Address 6821 LEE STREET 6821 LEE STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1045386 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOROTA, ALAN M Street Address (P.O. Box Number is Not Acceptable) 290 NORTH WEST 165TH STREET PENTHOUSE 4 CICICENTRE **MIAMI FL 33169** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SAMIACO, RABUEL 6821 LEE ST. ☐ Delete TITLE TITLE SANTIAGO, JOSE J NAME NAME STREET ADDRESS 1930 NW 99TH AVE STREET ADDRESS 33024 PEMBROKE PINES FL 33024 HOLLYWOOD. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE SANTIAGO, XIOMARA M NAME NAME 1930 NW 99TH AVE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP Addition Change Change TITLE ☐ Delete TITLE SANTIAGO, JOAQUIN NAME NAME STREET ADDRESS 6437 ALLEN STREET STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition DT ☐ Delete TITLE TITLE SANTIAGO, GLADYS NAME NAME STREET ADDRESS STREET ADDRESS 6437 ALLEN STREET CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE ARAVJO GERMAN 7001 COOLIDGE ST TITLE NAME ARAUJO, GERMAN NAME 8550 N SHERMAN CIRCLE #205 STREET ADDRESS STREET ADDRESS HOLLIWOOD, FL. 33024 CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP ARAUJO, MARGIE 7001 COOLIDGE ST. Change ☐ Addition ☐ Delete TITLE ARAUJO, MARGIE NAME NAME 8550 N SHERMAN CIRCLE #205 STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL. 33024 CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED